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FACSIMILE TRANSMISSION COVER SHEET

Date: November 15, 2004

To: United States Patent and Trademark Office
Examiner: Craig, Dwin M.; Art Unit: 2123

Fax: (703) 872-9306

Re: **Application Serial No.: 09/586,325**
Filing Date: 6/2/2000; First-Named Inventor: Bortfeld
Attorney Docket No.: 02CON360P

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 28

Message:

Enclosed please find the Amendment and Response to the Non-final Office Action dated June 16, 2004.

Thank you.

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NOV 15 2004

Attorney Docket No.: 02CON360P

AMENDMENT COVER SHEETIN RE APPLICATION OF: Bortfeld, et al.SERIAL NO.: 09/586,325 FILED: June 2, 2000FOR: Method and Apparatus for Accelerating Hardware SimulationHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☐ No additional fee is required.☒ The fee has been calculated as shown below:☒ EXTENSION FEE

	RATE Non-Small Entity	RATE Small Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$
SECOND MONTH AFTER TIME PERIOD SET	430.00	215.00	\$ 430.00
THIRD MONTH AFTER TIME PERIOD SET	980.00	490.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,530.00	765.00	\$

☒ TOTAL EXTENSION FEE \$ 430.00☒ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	38	MINUS **35	* = 3	x 18	x 9	\$54.00
INDEPENDENT	8	MINUS ***5	* = 3	x 88	x 44	\$264.00
First presentation of multiple dependent claim				+ 300	+ 150	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 318.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

** If the number of Total Claims previously paid for is less than 20, write "20" in this space.

*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 02CON360P

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☐ Enclosed is the total fee of \$ 0.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☒ Please charge Deposit Account No. 50-1867 in the amount of \$ 748.00
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-1867. A duplicate copy of this sheet is enclosed.

Date: 11/15/04By: 
Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 703-872-9306 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

11/15/04

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Signature

Christina Carter
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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

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